

## **NOTE TO BIDDERS:**

The following Bid Form is a form fillable document. You may save the document to your computer, input your information directly, print, and sign the first page.

Bidders are responsible to ensure that all required forms are completed in its entirety when submitting its bid otherwise a bid submitted by a responsive and responsible Bidder may not receive the award.

The following documents are required and must be uploaded as an attachment(s) on HIePRO before the bid closing:

1. Completed Bid Form pages 1 thru 6
2. Refuse Collection License
3. Proof of insurance
4. Copies of applicable licenses (if applicable)

**FURNISH REFUSE COLLECTION SERVICES  
FOR KEWALO BASIN HARBOR AND BLOCK P  
HCDA AMT IFB 01-2026**

Hawaii Community Development Authority  
547 Queen Street  
Honolulu, Hawaii 96813

The undersigned has carefully read and understands the terms and conditions specified in the Request for Quotes attached hereto and hereby submits the following Bid to perform the work specified herein, all in accordance with the true intent and meaning thereof. The undersigned further understands and agrees that by submitting this quote, 1) he/she is declaring his/her Bid is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, and 2) he/she is certifying that the price(s) submitted was (were) independently arrived at without collusion.

The undersigned represents: (Check ✓ one **only**)

- A **Hawaii business** incorporated or organized under the laws of the State of Hawaii.
- A **Compliant Non-Hawaii business** not incorporated or organized under the laws of the State of Hawaii, but registered at the State of Hawaii, Department of Commerce and Consumer Affairs Business Registration Division to do business in the state of Hawaii.

State of Incorporation: \_\_\_\_\_

Bidder is:  Sole Proprietor  Partnership  Corporation  Joint Venture  Other : \_\_\_\_\_

Federal I.D. No.: \_\_\_\_\_ Hawaii General Excise Tax License I.D. No.: \_\_\_\_\_

Payment address (other than street address below): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Business address (street address): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**Respectfully submitted on** \_\_\_\_\_, 2026

Phone No.: \_\_\_\_\_ By: \_\_\_\_\_

Authorized Original Signature

Email: \_\_\_\_\_

Printed name and title

\*\* Exact Legal Name of Company ("Bidder"): \_\_\_\_\_

\*\*If Bidder shown above is a "dba" or a "division" of a corporation, furnish the exact legal name of the corporation under which the awarded contract will be executed:

\_\_\_\_\_

**BID FORM**

**Bidder Shall Provide the Following Information:**

1. Permanent **Oahu** Office Location (Address): \_\_\_\_\_  
\_\_\_\_\_

2. Office Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

3. Point of Contact for the “day-to-day” operations (must be able to respond to the HCDA within (2) hours of the call/request):

Primary

Name & Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Secondary

Name & Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

4. Years of Experience (must have a minimum of three (3) consecutive years): \_\_\_\_\_

5. Are services to be rendered by company employees similar or equal to public officers and employees as listed in the employee classification description as described in Section 3.11 Statutory Requirements of Section 103-55, HRS, of the IFB?  Yes  No

If yes, complete the following: \_\_\_\_\_% represents the labor costs for the Total Basic Bid.

6. List of current license(s) (if any):	<u>License</u>	<u>License No.</u>
	_____	_____
	_____	_____
	_____	_____
	_____	_____

**Bidder:** \_\_\_\_\_

**Name of Company**

**Insurance Requirements**

<u>Insurance Type</u>	<u>Carrier</u>	<u>Policy No.</u>
Commercial General Liability	_____	_____
Automobile Liability	_____	_____
Workman’s Compensation	_____	_____
Temporary Disability	_____	_____
Prepaid Health Care	_____	_____
Unemployment Insurance	State of Hawaii Labor No.:	_____

If you are not required to have one or more of the above coverages, please explain below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Company and/or Governmental Agency References**

List a minimum of three (3) companies and/or government agencies to which Bidder has provided or is currently providing similar services as listed in this IFB. Do not list the HCDA as a reference. The HCDA reserves the right to contact these references to ascertain the quality and timeliness of services provided.

	<u>Name of Site /Company/ Agency</u>	<u>Name &amp; Title of Contact Person</u>	<u>Telephone No.</u>	<u>Check if Currently Providing Services To</u>
1.	_____	_____	_____	
2.	_____	_____	_____	
3.	_____	_____	_____	
4.	_____	_____	_____	
5.	_____	_____	_____	
6.	_____	_____	_____	

**Bidder:** \_\_\_\_\_  
**Name of Company**

**BID FORM**

**TOTAL BID PRICE**

The following bid is hereby submitted to furnish refuse collection services for Kewalo Basin Harbor and Block P.

**Part A - Initial Term (36 months)**

Item No.	Description	A. Unit / Monthly Price*	x B. Qty	= Total Basic Quote (AxB)
1.	Kewalo Basin Harbor Master's Office <b>Monthly Services:</b>	\$	36	\$
2.	Kewalo Basin Harbor Charter Building <b>Monthly Service:</b>	\$	36	\$
3.	Kewalo Basin Harbor Diamond Head Parking Lot <b>Monthly Service:</b>	\$	36	\$
4.	Block P <b>Monthly Service:</b>	\$	36	\$
<b>TOTAL INITIAL TERM</b>		N/A	N/A	<b>**\$</b>

\*Note: Total bid price shall be inclusive of all costs for labor, equipment, materials, applicable taxes (including the Hawaii General Excise Tax) and any other expenses incurred to provide services as specified herein.

**DO NOT INCLUDE THE ALLOWANCE IN YOUR BID. THE ALLOWANCE AMOUNT WILL BE ADDED SEPARATELY.**

**\*\* This is the amount that should be entered on HIePRO.**

**Part B - Year 4 Supplemental Period (12 months)**

Item No.	Description	A. Monthly Price*	x B. Qty	= Total Basic Quote (AxB)
1.	Kewalo Basin Harbor Master's Office <b>Monthly Services:</b>	\$	12	\$
2.	Kewalo Basin Harbor Charter Building <b>Monthly Service:</b>	\$	12	\$
3.	Kewalo Basin Harbor Diamond Head Parking Lot <b>Monthly Service:</b>	\$	12	\$

**BID FORM**

4.	Block P <b>Monthly Service:</b>	\$	12	
<b>YEAR 4 QUOTE TOTAL</b>		N/A	N/A	\$

\*Note: Total bid price shall be inclusive of all costs for labor, equipment, materials, applicable taxes (including the Hawaii General Excise Tax) and any other expenses incurred to provide services as specified herein.

**Part C - Year 5 Supplemental Period (12 months)**

Item No.	Description	A. Monthly Price*	x B. Qty	= Total Basic Quote (AxB)
1.	Kewalo Basin Harbor Master's Office <b>Monthly Services:</b>	\$	12	\$
2.	Kewalo Basin Harbor Charter Building <b>Monthly Service:</b>	\$	12	\$
3.	Kewalo Basin Harbor Diamond Head Parking Lot <b>Monthly Service:</b>	\$	12	\$
4.	Block P <b>Monthly Service:</b>	\$	12	\$
<b>YEAR 5 QUOTE TOTAL</b>		N/A	N/A	\$

Note: Total bid price shall be inclusive of all costs for labor, equipment, materials, applicable taxes (including the Hawaii General Excise Tax) and any other expenses incurred to provide services as specified herein.

**DO NOT INCLUDE THE ALLOWANCE IN YOUR BID. THE ALLOWANCE AMOUNT WILL BE ADDED SEPARATELY.**

**Bidder:** \_\_\_\_\_  
**Name of Company**

**BID FORM**

**WAGE CERTIFICATE  
FOR SERVICE CONTRACTS**  
(See Special Provisions)

Subject: IFB No.: HCDA AMT IFB 01-2026  
Title of IFB: Furnish Refuse Collection Services for Kewalo Basin Harbor and Block P

Pursuant to Section 103-55, Hawaii Revised Statutes (HRS), I hereby certify that if awarded the contract in excess of \$25,000, the services to be performed will be performed under the following conditions:

1. All applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety will be fully complied with; and
2. The services to be rendered shall be performed by employees paid at wages or salaries not less than the wages paid to public officers and employees for similar work, with the exception of professional, managerial, supervisory, and clerical personnel who are not covered by Section 103-55, HRS.

I understand that failure to comply with the above conditions during the period of the contract shall result in cancellation of the contract, unless such noncompliance is corrected within a reasonable period as determined by the procurement officer. Payment in the final settlement of the contract or the release of bonds, if applicable, or both shall not be made unless the procurement officer has determined that the noncompliance has been corrected; and

I further understand that all payments required by Federal and State laws to be made by employers for the benefit of their employees are to be paid in addition to the base wage required by section 103-55, HRS.

Bidder: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_